

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10195-PBS
DEFENDANT MICHAEL PINA AND DANIEL GOMES		TYPE OF PROCESS: Preliminary Order of Forfeiture
SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: DANIEL GOMES, Register No. 25274038	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) USP Hazelton, U.S. Penitentiary, P.O. Box 2000, Bruceton Mills, WV 26525	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285

Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case

Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service*)

Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named individual via certified mail, return receipt requested.

CATS ID No. 04-ATF-001155

JLJ xt 3297

Signature of Attorney or other Originator requesting service on behalf of :	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE December 7, 2007
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (<i>See remarks below</i>).						
Name and title of individual served (<i>If not shown above</i>). _____					<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (<i>complete only if different than shown above</i>) _____					Date of Service 1/18/08	Time 8:57 <i>am</i>
					Signature of U.S. Marshal or Deputy <i>SP/Adams ATFSA</i>	
Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS:

See attached US Postal Service tracking re: delivery

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Search Results

Label/Receipt Number: **7003 2260 0005 5780 5738**

Status: **Delivered**

Your item was delivered at 8:57 AM on January 18, 2008 in BRUCETON MILLS, WV 26525.

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